

Rapid Access Supportive Care Clinics

NHS Lothian

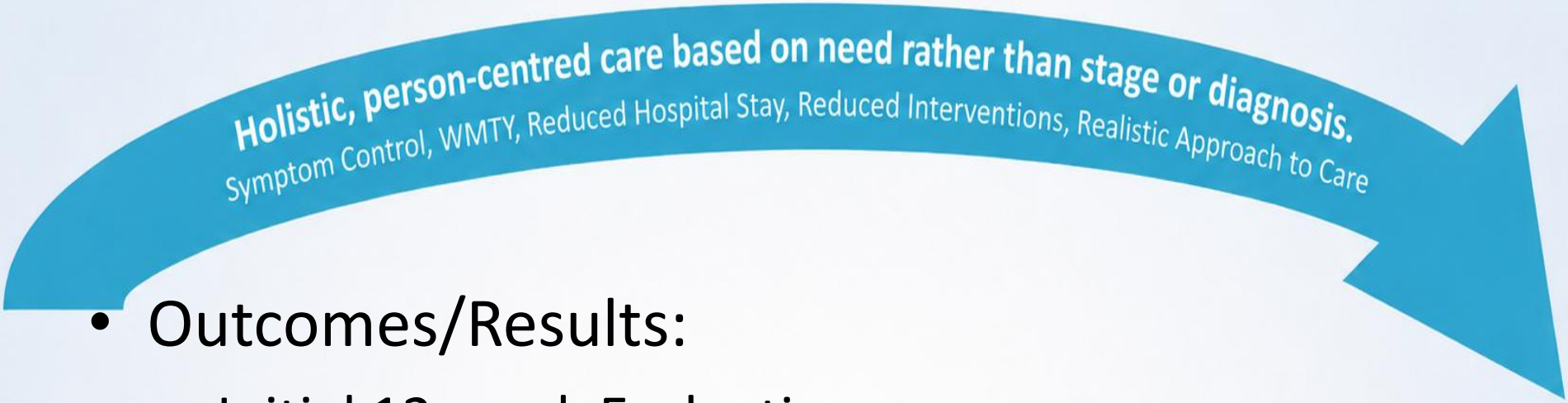
Specialist Palliative Care teams

Holistic, person-centred care based on need rather than stage or diagnosis.
Symptom Control, WMTY, Reduced Hospital Stay, Reduced Interventions, Realistic Approach to Care

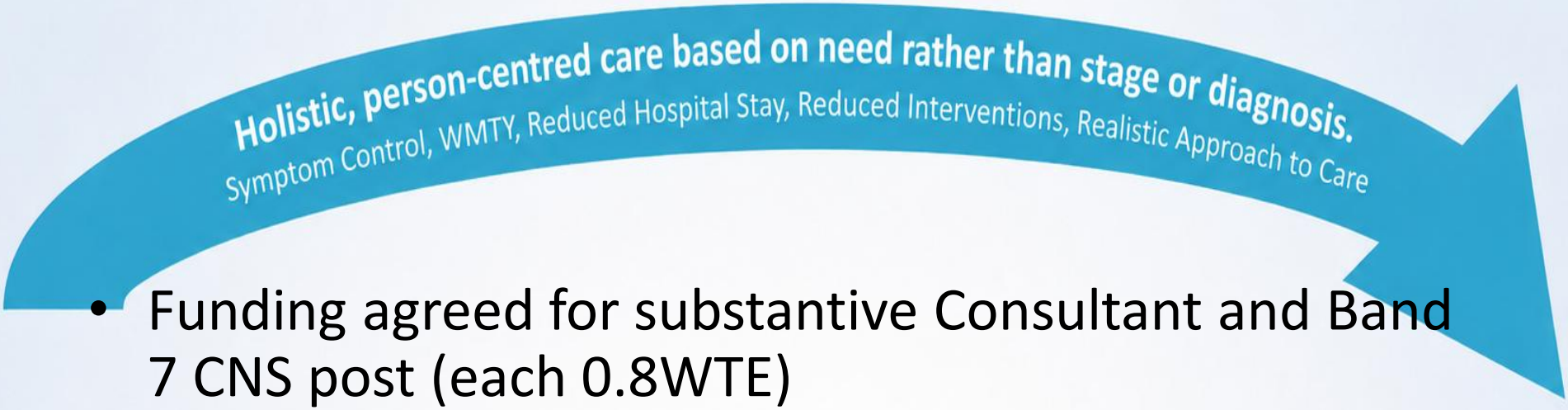
- Closure of an oncology ward
- Baseline data trawl – admissions not linked to treatment or investigation
  - 4380 admissions/ 2328 pts/ 36.7% of pts in the last year of life
- 1 month baseline data review
- Initial short term funding agreed
- Aims of the service:
  - Reduce unplanned hospital admissions due to poor symptom control
  - Improve symptom management through timely specialist supportive care
  - Reduce hospital length of stay where admission is avoidable
  - Enhance patient experience and quality of care
  - Support NHS Scotland priorities for person-centre, efficient and sustainable healthcare delivery

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- Service Design and Process Improvements:
  - Flexible and highly responsive model of care
  - Same-day and urgent assessment of patients with escalating symptoms
  - Reviews undertaken within CAU, Outpatient chemo unit, radiotherapy treatment area, Oncology clinics or alongside other existing appointments
  - Clinicians routinely travel to patients across clinical areas to minimise delays
  - Appointments extended beyond scheduled clinic sessions when required
  - Regular in-person or phone check up for pts needing longer input
  - Close collaboration between oncology and specialist palliative care services
  - A live dashboard was developed to support the service



- Outcomes/Results:
  - Initial 12-week Evaluation
    - High demand and positive feedback from pts and oncologists
    - Patients reviewed through RASCC experienced significantly shorter admissions compared with baseline data (mean LOS 3.2 days c/w 5.8 days, median LOS 0.5 c/w 1.28)
    - 11% died in hospital compared with 33% of the Hospital Palliative Care team caseload



- Funding agreed for substantive Consultant and Band 7 CNS post (each 0.8WTE)
- Challenges to provide the service before the full compliment of staff in place
  - Not yet able to see all eligible pts or screen ooh presentations to CAU
- Close working with data analyst teams to oversee the service – more in-depth statistical modelling of the service as it develops
  - In the last 4/12 the average total bed days of each pt in RASCC is reduced compared to baseline

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Supportive and Palliative Care

Developments alongside existing services

Early Supportive Care

Cancer – **Early At Diagnosis**

Prehab for HPB/Lung – optimisation of sxs/ wellbeing prior to MDT – reduced LOS/ improved SACT outcomes

- Early HPCT of cancer coming through unscheduled care
- Stabilisation of symptoms
- Realistic goal setting
- D/C planning
- Liaison with Oncology

Early Supportive Care

Early During Admission

Early 'front door presence '– for patients with advanced disease/frailty (cancer and non-cancer diagnoses)

Cons time funded into ED/AMU/H@H teams

Reduce unnecessary admissions and time spent in hospital for those patients in their last year of life.

Support During Inpatient Care

HPCT

- WGH
- RIE
- SJH

Support During Treatment - RASCC

Funding for 0.8 WTE cons and 0.8 WTE band 7 CNS – in process five day a week service.

- **Curative intent treatment sx support,** specifically Gynae/H&N/Anal cancers
- **Palliative intent symptom support**
- **Transitions of care from active to BSC**